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MEMORANDUM |

Vermont Adult Performance Indicator Project Advisory Group

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DATE:

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RE:

Utilization of Emergency Room Services by CRT Clients: Part II

This week's performance indicator takes another look at rates of utilization of emergency room services by people who are served by Community Rehabilitation and Treatment programs in Vermont. This week we are adopting a longitudinal perspective and looking at changes in utilization rates over a three-year period.

We look forward to your comments on the quality of the data, the appropriateness of the analysis, and the effectiveness of the presentation of these data, as well as your interpretation of the results.

Utilization of Emergency Room Services by CRT Clients Part II

QUESTION:

Have rates of Emergency Room (ER) utilization by clients of CRT programs in Vermont changed over the past three years?

DATA:

Two data files were extracted from the Vermont Medicaid paid claims database for each of the past three years. One file includes information on all people who had been served by CRT programs during the year. The other file includes all paid claims for "Emergency Department Visits" (procedure codes 99281-99288). The CRT data set includes the Medicaid ID number of every person served and the provider ID of the program they were served by. The ER file includes the Medicaid ID number and the ID number of the provider that was reimbursed for the emergency service

ANALYSIS:

The two data files for each year were linked using the unique Medicaid ID to identify clients who were represented in both data sets. The number of people in both data sets was then transformed into a percentage of all clients served by each CRT program during the year.

For purposes of comparison, the proportion of all Medicaid enrollees who used ER services was calculated as well.

RESULTS:

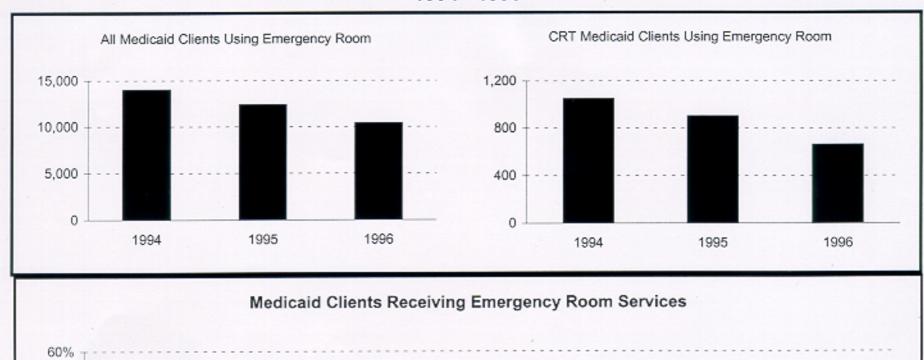
Statewide, both the number of CRT clients who used ER services and the total number of Medicaid enrollees who used ER services both declined dramatically between 1994 and 1996. The proportion of CRT clients who used ER services declined from 43% in 1994 to 25% in 1996. (ER utilization by CRT clients seems to have bee declining at about the same rate as overall Medicaid ER utilization.) There was almost no change; however, in the proportion of Medicaid ER clients who were enrolled in CRT programs 6% in 1994 and 1995, and 5% in 1996).

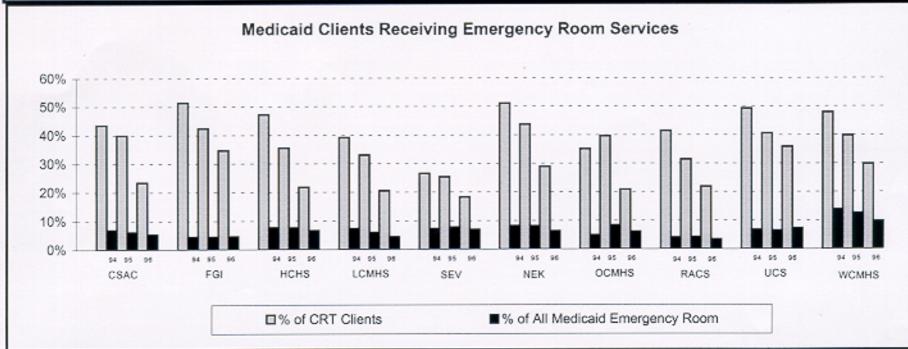
NEXT QUESTIONS:

How long has this decline in ER utilization been going on?

Will ER utilization rates continue to decline after the introduction of managed behavioral health care in Vermont?

Emergency Room Utilization by CRT Medicaid Clients 1994 - 1996





	Statewide	CSAC	FGI	HCHS	LCMHS	SEV	NEK	OCMHS	RACS	UCS	WASH
1994											
Total CTR Medicaid Clients	2,414	101	140	453	120	327	346	91	253	148	494
Clients with ER Claims											
Total Medicaid	13,985	667	1,729	2,602	529	1,173	2,094	668	2,224	975	1,324
CRT MEDICAID	1047	44	72	214	47	87	177	32	105	73	237
CRT ER AS % of CRT	43%	44%	51%	47%	39%	27%	51%	35%	42%	49%	48%
CRT ER AS % of ALL ER	7%	7%	4%	8%	9%	7%	8%	5%	5%	7%	18%
1995											
Total CTR Medicaid Clients	2,497	105	158	470	112	371	336	101	248	155	507
Clients with ER Claims											
Total Medicaid	12,378	620	1,501	2,147	520	1,110	1,875	548	2,021	840	1,196
CRT MEDICAID	900	42	67	167	37	94	147	40	78	63	202
CRT ER AS % of CRT	36%	40%	42%	36%	33%	25%	44%	40%	31%	41%	40%
CRT ER AS % of ALL ER	7%	7%	4%	8%	7%	8%	8%	7%	4%	8%	17%
1996											
Total CTR Medicaid Clients	2,667	119	170	514	112	415	318	110	270	170	542
Clients with ER Claims											
Total Medicaid	10,369	506	1,258	1,679	386	971	1,626	490	1,650	750	1,053
CRT MEDICAID	660	28	59	112	23	76	92	23	59	61	162
CRT ER AS % of CRT	25%	24%	35%	22%	21%	18%	29%	21%	22%	36%	30%
CRT ER AS % of ALL ER	6%	6%	5%	7%	6%	8%	6%	5%	4%	8%	15%

Analysis includes Medicaid paid claims for calender years 1994 through 1996. Total with emergency room claims includes adults 18 years and older and is based on catchment area of residence. Total CRT served and CRT Medicaid clients receiving emergency room service is based on the CRT Program where service was received.